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ANDERSON ON SKIN DISEASES,

LECTURES.

The Relative Frequency of Disease between the Right and Left Sides of the Heart—Degeneration of the Heart; its Causes and Means of Avoidance. By CORNELIUS BLACK, M.D. Lond., M.R.C.P., Corresponding Fellow of the Imperial Soc. of Phys. of Vienna, etc. etc. (Continued from page 21.)

Heart of newly hatched trout—How affected by the negation of oxygen and an increase of carbonic acid—Influence of carbonic acid upon the contractile fibre of the heart—Effects on the human heart of pre-breathed air—Defective ventilation a frequent cause of sudden death in heart disease. Importance of pure air in cardiac degeneration.

THE object of my last communication was to show that the relative frequency of disease between the two sides of the

heart depended, as a rule, upon age; that the left side of the heart was the one to suffer before the age of forty, the right side of the heart after that age. It was also shown that diseases of the left side of the heart are generally the result of inflammatory action; diseases of the right side of the heart, of tissue-degeneration, or of mere mechanical influences, as of backward pressure of blood upon the right cavities of the heart from obstruction to its flow through the branches of the pulmonary artery.

It was further stated that, according to the ordinary law of life, tissue-degeneration, or natural decay, usually begins at the age of forty; that, with its advent, the left side of the heart becomes less

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prone to inflammatory disease, and approaches more and more closely in its tendencies to the diseases of the right side of the heart; and that the degenerative tendency of the latter is, after this age, greatly influenced by the three great vital functions—the action of the brain and nervous system, respiration, and circulation.

It was thus shown that, to maintain the heart's structures in as healthy and sound a condition as they could possibly be maintained under the law of natural decay, these vital functions must neither be overworked nor fall short of their necessary duty—that, in fact, regular, natural, action is their law of life.

I showed the effect of impure air in promoting the degenerative tendency in the structures of the heart, and especially in those of the right side of the heart, after the age of forty. I was thus led to a passing consideration of the baneful influence produced upon the heart by badly-ventilated houses, schools, manufactories, pits, theatres, under-ground railways, and all places of a similar character.

To this point I return, to show the influence of an increasing quantity of carbonic acid in the air respired upon the contractility of the muscular fibres of the heart.

I take for my example the newly hatched trout. During the winters of 1869-70 and 1870-71, I hatched some thousands of this fish, many of which I daily submitted to microscopic examination. The result of my investigations, in reference to the action of the heart and to the influence upon it of a decreasing quantity of oxygen and an increasing quantity of carbonic acid in the water in which the fish was confined, shows—

That, on placing the fish in a glass trough containing a quantity of water, the heart is seen, under the microscope, to be affected in the following manner:—

In the first few moments of examination the venous blood, collected by the veins from the head, back, and yolk-bag (the first two of which unite to form a bulbous vessel into which the third opens) is seen to be projected with considerable

force and rapidity into the upper (auricle) of the two cavities of which the heart is composed, and thence as instantaneously into the lower (ventricle) cavity, which contracts with equal rapidity, and forces the blood into the branchial artery, which conveys it to the gills. The projection of the blood into the auricle, its passage into the ventricle, and its expulsion therefrom, are but the work of an instant. As the blood enters the auricle both it and the ventricle seem to anticipate the charge of blood; but especially is this the case with the ventricle. Before the blood well touches the valve which guards the entrance from auricle to ventricle, the latter is observed to shorten its longitudinal diameter, to visibly meet, as it were, the coming charge of blood from the auricle, and to force it instantly into the branchial artery. There is no delay whatever of the blood in the auricle or ventricle. It is shot in a straight line from the vena cava through the auricle and the auriculo-ventricular valve, caught by the contracting ventricle, and deflected and forced, without a moment's delay, into the branchial artery.

From these observations it was evident that the contraction of the heart was not excited by the distension of its cavities, but that it was induced by the mere impingement of the blood upon its lining membrane. In contracting the ventricle was seen to roll about one-third upon its axis, by which a portion of that part of it which was previously out of sight was brought into view. As soon as it had delivered its blood into the branchial artery, it relaxed, and increased again its longitudinal diameter, recoiling from systole with an energy and a rapidity equal to those of its contraction.

In three or four minutes the heart is observed to contract both less quickly and less energetically. A very short time after this the blood can be seen gently pouring into the auricle, and thence into the ventricle, which latter now allows itself to be about one-fourth filled before it contracts. It now expels its blood, and again dilates; but its dilatation, like its contraction, is not so instantaneous as it was when first observed under the micro-

scope. In a short time longer the sensibility of the heart is greatly diminished, for the blood is seen to be accumulating in both the auricle and ventricle, but especially in the former, from both of which cavities it is now only partly expelled by the contraction of the heart.

At length, just before death, the blood is seen to flow from the auricle into the ventricle, thence into the branchial artery and along it, the heart being passive during this time, and only now and then, at long intervals, manifesting a very slight and partial contraction. During the whole of this time the blood is coagulating more and more in the auricle and ventricle, but especially in the former; and when, at length, the heart has ceased to beat, the auricle and the vena cava, opening into it, are fully distended, whilst the ventricle is only partly distended with black-red blood. In the last moments of life, after the heart has ceased to beat, the branchial artery is seen to be pushing forward its slender current of blood, and to become at length quite empty and transparent.

Here, then, as the oxygen dissolved in the water in which the fish is confined becomes exhausted, and as the carbonic acid increases, the sensibility and contractility of the heart are diminished, and at length entirely destroyed. The negation of oxygen, and the increase of carbonic acid, have culminated in the death of the fish.

Precisely the same effect is produced upon the human heart by an accumulation of carbonic acid in the air respired.

In the ordinary condition of the atmosphere, in which carbonic acid does not exceed one part in a thousand parts of that medium, its effects upon the heart are inappreciable. When, however, the carbonic acid has accumulated to the extent of one per cent. of the air respired, it begins to produce a slight feeling of faintness, and some degree of uneasiness across the brow. At 2 per cent. the heart's action is quickened, the sense of faintness is greater, there is slight giddiness, with heaviness and constriction of the head, together with nausea. At 3 per cent. all these symptoms are increased.

There are vertigo, fluttering of the heart, nausea and sickness, followed by an overwhelming sense of muscular prostration. At this moment the contractions of the heart become very feeble, the skin relaxes, and is bedewed with a cool, clammy perspiration. These symptoms deepen with the increasing quantity of carbonic acid in the air respired until the utmost limit of toleration is reached, beyond which life can no longer be maintained. At this stage lethargy supervenes; and, at the moment of its occurrence, the heart begins to beat less frequently, and much less powerfully than before. This condition is the parallel of that observed in the young trout, when the blood begins to accumulate and to coagulate in the auricle and ventricle, and when the heart's sensibility and contractility are reduced in the greatest degree.

From these effects it is certain that confinement to an atmosphere impregnated with carbonic acid, even to the extent of one per cent. only, quickly deranges the function of the heart, and ultimately deteriorates the tissues themselves of that organ.

The greater the percentage of carbonic acid in the air respired, the more quickly and the more profoundly are these effects produced. The constant breathing of air containing one per cent. only of carbonic acid proves fatal to life; but if it is respired for a short time only, functional disturbance alone is then and there produced. *It is, however, certain that in this functional disturbance lie the germs of organic mischief, and that frequent repetition of the cause will undoubtedly end in organic disease.* Hence the impure atmosphere of the bedrooms of the poor, and, indeed, of many of the middle class, proves a sharp spur to the degenerative tendency manifested by the heart, and especially by the right side of the heart, after the age of forty. Such bedrooms are generally small in their superficial area, low-pitched, and often lighted by a diminutive window, which at night is kept constantly closed; and having a door which opens to the interior of the house, but which is also closed during the occupation of the rooms. Nay, to prevent the slightest admission of fresh air,

the crevices of both window and door are most carefully stopped; and, to render the matter still worse, a fire is not unfrequently kept burning during the winter nights.

What must be the effect produced upon the air of such rooms under the conditions named? I take, for example, an average-sized bedroom in the cottages of the poor—say a room twelve feet long, ten feet wide, and eight feet high. This gives a cubical space of 960 feet, which is not more than half the cubical space allowed each patient in our best arranged hospitals. In this room, with its diminutive window and door constantly closed, three, four, and frequently a greater number of persons pass the night of eight or ten hours' duration. No provision has been made for the admission of fresh air—none for the escape of the carbonic acid exhaled during respiration. What little provision did exist in the crevices formed by the badly-fitting door and window has been carefully abrogated by sand-bags, rolls of rags, and stuffing of every description. Thus the air of the room becomes poisoned with carbonic acid, and in this condition it is breathed and re-breathed, to the manifest injury of the heart.

A simple calculation will enable us, if not to determine with exactitude, at least to approximate to the amount of carbonic acid exhaled by each sleeper, and consequently to the degree of vitiation which the air of the apartment undergoes. I fix the number of respirations at its minimum—14 per minute; the quantity of air exhaled at each expiration at 20 cubic inches; the quantity of carbonic acid contained in the expired air at 4 per cent.; and the duration of the night at 8 hours. Hence, $14 \times 20 \times 8 \times 60 = 134,400$ cubic inches, or 77.77 cubic feet of air expired by each sleeper during the night of eight hours. This expired air contains 4 per cent. of carbonic acid. $\therefore 100 : 77.77 :: 4 : 3.11$ cubic feet of carbonic acid exhaled by each sleeper during the night. Suppose the number of sleepers occupying the bedroom to be four, this will give $3.11 \times 4 = 12.44$ cubic feet as the quantity of carbonic acid which is exhaled

by the four sleepers during the eight hours of night. The room itself contains 960 cubic feet of air, and through this 12.44 cubic feet of carbonic acid would have been diffused by the termination of the night. It, therefore, follows that, if no fresh air entered the room, and if in consequence the carbonic acid had no means of escape, the air of the apartment would, at the end of the eight hours of night, contain 1.29 per cent. of this gas—a quantity sufficient to produce serious results.

This statement, however, does not represent all the facts of the case. It must be remembered that the oxygen, contained in the air of the room, would be constantly undergoing reduction by respiration during the night. If the quantity thus consumed were determined from the quantity of carbonic acid exhaled, allowing for the fact that 15 per cent. more oxygen is taken into the blood than is contained in the carbonic acid of the air expired, it will be found that from one-third to one-half of the oxygen originally contained in the air of the room would have been consumed by the end of the night. This reduction in the quantity of oxygen, and the great increase of carbonic acid, would affect the body in two ways—firstly, by a deficiency of oxygen, and secondly, by an excess of carbonic acid in the air respired. Hence the reduction of the one and the increase of the other would render the air far more injurious than if only one of these changes in its constitution had taken place.

The actual result is not, however, in strict accordance with this calculation, because fresh air, although in limited quantity, does find its way into the room, and carbonic acid does, to a limited extent, find its way out. These, therefore, would modify the constitution of the air of the room at the close of night; but they would still leave it with an excess of carbonic acid injurious to life.

It is found that when air, moderately impregnated with carbonic acid, is inspired, it greatly impedes the exhalation of more from the lungs; and that the greatest quantity of carbonic acid which exists in pre-breathed air never exceeds

10 per cent. It is much to be feared that to this degree of vitiation the air of the bedrooms of the poor, and of others not unfrequently, rises by the too prevalent system of excluding fresh air, and by the frequent absence of provision for the escape of that which has already passed through the lungs.

Can it then be a matter of surprise that death from diseased heart should so often occur during the night?

In thousands of instances of cardiac disease life is thus sacrificed, where, had but proper ventilation of the bedrooms been observed, the subjects of such disease might, despite the cardiac mischief, have continued to live for an indefinite time.

It has frequently been my duty, during a practice of nearly thirty years in the midst of a large community prone by the habits and particular avocations of the people to heart disease, to investigate cases of "found dead" in bed, and I have often been compelled to refer the immediate cause of death to the effect of carbonic acid liberated by respiration and confined to the apartment, in destroying the sensibility and contractility of the heart, rather than to the direct influence of the diseased heart itself.

I remember that on one occasion I was summoned to a case which had occurred in a bedroom 15 feet long, 12 feet wide, and 8 feet high. In this room, with the door and window closed, no fewer than twenty persons slept night after night! Can any one doubt that the air of such a room would be charged to excess with carbonic acid exhaled by respiration? Those who perished in this manner were beyond the age of forty; and, in every instance examined, the right side of the heart was either primarily affected by tissue-degeneration, or by disease consecutive to mischief in the left side of the heart and lungs.

Often, indeed, in the dwellings of the middle and higher classes of society the provisions for ventilating both their bedrooms and their day-rooms are miserably inadequate to preserve health. The consequence is that cardiac disease is promoted to an inconceivable extent. *There is no other disease in which the*

demand for cold, fresh air, is so urgently pressed by the patient as in cardiac disease. There is none in which a constant supply of pure air is more needed—none in which it is more grateful to the patient, or in which it has a more immediately beneficial effect. At all times and seasons—in the depth of winter—by day and by night—a patient suffering from a paroxysm of cardiac asthma will hurry to the open door or window, and there, with his body hanging half out, will remain, with scarcely any vestments upon him, breathing the cold air until the paroxysm has ceased. Ought not this urgent, this powerful supplication of nature to teach us the importance of ventilation, and of a full supply of fresh air in the treatment of heart disease?

I hesitate not to say that free ventilation—the free admission of pure air into the apartment by day and by night—is one of the most important remedial measures which can be adopted in the treatment of this disease.

Where this means is defective, but where, nevertheless, the vitiation of the air of the bedroom does not exceed 1 per cent. of carbonic acid, a sensible effect is produced upon those who have slept within its influence. They complain, on leaving their bed, of weakness; their limbs tremble; they feel somewhat giddy, and their head feels heavy, or it aches. The least effort disturbs the heart's action, which is somewhat quick and feeble; their countenance is pale; the lips are not unfrequently somewhat blue; and the tongue is covered with a thin, whitish, and somewhat slimy fur. The appetite is in abeyance; there is a feeling of nausea, and the first evacuation is generally dark in color.

What is the pathological condition of such patients at this moment? Simply this: The blood contains an excess of carbonic acid, which, circulating with the blood through every organ, disturbs the natural action of every organ, blunting its sensibility, vitiating its particular function, and interfering with those molecular changes which constitute healthy nutrition.

A person thus affected does not usually

die. The body, removed to a pure atmosphere, begins at once to excrete the carbonic acid by the lungs, the liver, the skin, the kidneys, and the bowels, and in the course of a few hours the more visible manifestations of its baneful effects have passed away. It, however, often happens that a sense of weariness and muscular debility is felt for days afterwards. Night, too, frequently places such subjects in the same condition as before. The same bedroom is occupied; the same inadequate means of ventilation continue; the same accumulation of carbonic acid takes place; and the same effects upon the bodily organs are repeated. Blood charged with an excess of carbonic acid again pervades every tissue of the heart, diminishing its vitality, lowering its sensibility, and assimilating its nutrition to that of the reptilian heart. But the low character of the nutrition of the reptilian heart does not accord with the comparatively quick circulation, rapid nutrition, vital power, and energy of action required by the human heart. The one cannot be substituted for the other. In man the change results in disease where disease does not exist—aggravates disease where it is already present.

To point out the particular changes which are thus produced in the tissues of the human heart will form the subject of my next communication.—*The Lancet*, Sept. 7, 1872.

CLINICS.

CLINICAL LECTURES.

Clinical Remarks on Excision of the Shoulder-joint and of the Wrist-joint. By Prof. ERICHSEN, of King's College Hospital.—Excision of a joint may be required in disease or compound injury of the articular structures; but the following remarks will apply only to resection of diseased joints, and in the first place to that of the shoulder-joint.

About May, 1870, a healthy boy, aged fourteen, struck his left shoulder against the corner of a wall, and, although nothing was noticed for some months, inflammation supervened, and about nine months after the receipt of the injury a large ab-

cess formed behind the shoulder. The abscess was opened, but nothing but blood escaped till the fourth day, when pus was freely discharged. A sinus leading down to carious bone resulted. On September 17th, 1872, the boy was admitted into the hospital, and was examined by Mr. Heath, who detected dead bone at the upper part of the humerus, and advised an operation. On October 2d, the boy being under the influence of chloroform, Mr. Erichsen examined the joint with a probe, and found extensive disease of the scapula as well as of the humerus. A longitudinal incision was made from the sinus (which was just behind the posterior edge of the deltoid) through the deltoid muscle, and the joint exposed. The head of the bone was then sawn off, and the dead bone in and around the glenoid cavity gouged out. The humerus was then replaced, and the wound closed with wire sutures. The boy progressed without a bad symptom, and by the 21st of the same month was nearly well. On the 28th passive motion was commenced; and on November 9th the boy could move the limb without difficulty or pain. The wound was nearly closed, although there was a considerable discharge from the old sinus.

In the healthy shoulder-joint there are five movements—namely, flexion, extension, adduction, abduction, and rotation, and it is desirable to preserve as many of these as possible, although some are necessarily destroyed. The joint in this case was incurably diseased, as the articular structures were deeply affected, and death might have resulted from hectic; and if the joint had not been excised, amputation of the limb, with excision of part of the scapula, would have been necessary. The object of the operation was, therefore, to remove the diseased structure, and thus probably to save the patient's life, and to save the limb by removing only the diseased joint. In the upper limb it is all-important to preserve the movements of the hand, for without the hand the upper limb is practically useless, but leave the hand and it matters little how much of the upper portion of the limb be removed. Now, excision of the shoulder-joint leaves the movements

of the elbow- and wrist-joints free; still the limb is crippled. To what extent? What movements are destroyed? Much depends on the kind of operation performed. The older operation was to make an anterior flap, and thus to cut through the insertion of the deltoid muscle; but the more modern operation does not interfere with the insertion of this muscle, as the incision is made in the course of the fibres of the muscle. But all the muscles attached to the tuberosities are sacrificed, as the line of section must be through the surgical neck of the bone, the disease rarely stopping at the anatomical neck. There will, therefore, be a loss of the overhand movements, while the underhand movements will remain practically perfect. This leaves a useful limb, for the overhand movements are rarely required, and for nearly all ordinary occupations the underhand movements are sufficient. The after-treatment consists in keeping the limb at rest for three or four weeks, and then exercising passive motion. The fistulous opening may continue to discharge for a long time, as a large cavity is left, which may take months or even a year to close.

The old operation for excision of the wrist-joint consisted in exposing the joint by making a semilunar dorsal flap and cutting through the extensor tendons of the wrist and hand. The modern operation, which was first proposed by Professor Lister, preserves both the flexor and extensor tendons. The movements of the wrist are those of flexion and extension, and for this purpose there are five sets of muscles—viz., those of the thumb, the extensors of the fingers, the flexors of the fingers, the extensors of the wrist, and, lastly, the flexors of the wrist. In Lister's operation the extensors and flexors of the thumb and the extensors and flexors of the fingers are preserved, but the extensors of the wrist are necessarily divided; the flexor carpi ulnaris is left attached to the pisiform bone, and the flexor carpi radialis usually escapes from being inserted low down into the second metacarpal bone. The only muscles therefore that are necessarily divided are the extensors of the wrist. The diseased

carpus, with the heads of the metacarpal bones, and the end of the radius and ulna, are removed, care being taken to leave the radius and ulna, especially the styloid process, as long as possible. By this means the tendency to displacement to the ulnar side is to a great extent counteracted. The object is to get ankylosis at the wrist, but to preserve the movements of the fingers. With these movements the patient can write and perform many useful acts. Although the details are very complicated, the broad principle of the operation is to save the movements of the thumb and fingers, and thus to gain a useful hand. The only vessels in danger in this operation are the radial and deep palmar arch, and the latter is best avoided by not cutting below the bases of the metacarpal bones.—*Lancet*, Jan. 11, 1873.

HOSPITAL NOTES AND GLEANINGS.

Long-standing Diarrhoea cured by the Surgical Treatment of an Ulcer of the Rectum.—Mr. ANNANDALE reports (*Brit. Med. Journ.*, Dec. 21, 1872) a case of persistent diarrhoea which had resisted many remedies. On making an examination Mr. A. ascertained the presence of an ulcer on the posterior wall of the rectum about an inch above the anal orifice. A free incision was made through the sphincter and base of the ulcer, which was followed by marked improvement. He subsequently made a second incision, and this was followed by a cure of the disease.

Mr. A. remarks "this case is an illustrative example of a class of cases which are by no means uncommon, but the true nature of which is not always determined, for it is not the first one of the kind which has come under my surgical care after medicine has failed to afford relief. It is important to note that in such cases the operation is not always followed by immediate relief to the diarrhoea, but that some weeks may elapse before improvement occurs. In another case of the kind under my care, it was several months before an improvement in the symptoms was observed. I have also noticed that the first

effect of the operation in these cases may be to cause a temporary cessation of the diarrhoea; but this result is not permanent, the final relief only taking place after some weeks or months.

"It will not, I think, be doubted that the ulcer of the rectum in the case just reported was the cause of the dysenteric symptoms, for its removal gave the relief which careful medical treatment had failed to afford. The patient, a gentleman of high standing in the Indian medical service, has himself no doubt in regard to this point, and will, I feel sure, bear testimony as to the value of surgical treatment in cases such as his own."

Cellulitis of the right side of the Chest; Pyæmia with Pustular Eruption; Death.—This case of pyæmia is interesting in the fact that, unless we regard the cellulitis as standing in causal relation to the subsequent phenomena, it was not preceded, as far as could be ascertained, by any suppurative process. Although this is of rare occurrence, there is sufficient evidence to show that it does sometimes take place. In such a case it is difficult to explain the origin of the blood-poisoning. Did it arise from the old softened clot in the axillary vein?—or was this also secondary to disease of the vein or to a morbid condition of the blood? The secondary affections may in great part be accounted for by the embolic theory; but this seems to be insufficient to explain all cases. It is highly probable that, in some instances at least, they are the result of a local stagnation of the poisoned blood.

W. G. S.—, aged twenty-nine, was admitted into St. Thomas's Hospital under the care of Dr. Bristowe, on the 16th of July. His illness began two weeks before, with sudden pain in the right side, extending round to the back, and with "catchings" in respiration. No history of any injury except a strain. On admission there was a hard, red, brawny swelling on the right side below the axilla, very tender, but presenting no signs of "pointing," as of an abscess. Breath-sounds healthy. Ordered a linseed-meal poultice to be applied over the swelling.

July 20th.—Patient transferred to the surgical wards, under the care of Mr. Simon.

26th.—Much the same till to-day, when two small specks of suppuration appeared below the axilla, but no distinct "pointing." Free incisions were made and some pus evacuated. Other swellings were noticed on the right thigh and left calf; these were also incised, and thick pus escaped. A small subcutaneous collection of pus over the left shin was also cut down upon and evacuated. Temperature 104.6°; pulse 120; no rigours, but sweatings. Ordered eight ounces of wine, eggs, and a saline mixture.

29th.—Temperature 105.4°; pulse 140; skin dry and hot; many inflamed spots in the skin scattered over the whole body, in some places resembling typhoid spots; side brawny and covered with vesications; frequent muscular twitchings, but no actual rigours; bowels loose yesterday morning; marked ptosis of left eyelid.

30th.—Distinct and numerous pustules over the surface of the body, some of them not unlike those of smallpox; free incisions made into the sloughy surface of the chest; temperature 103.6°.

Aug. 1st.—Died at noon. Consciousness remained to the last.

Autopsy twenty-six hours after death. (Notes by Dr. Payne.) Skin covered with a pustular eruption, some of the pustules being about the size of those seen in smallpox, but the majority three or four times larger, and of very irregular shape, the greater number being surrounded by a vascular injection. The contents of some were yellow, others were stained with blood, or even quite black. On opening the pustules, the contents in some cases readily escaped, and the walls collapsed; in others the contents were thick and pasty, and did not turn out readily; and in a few cases a rough hemorrhagic surface showed itself. The elevated epidermis formed in all a simple cavity, not one being divided into partitions. There was no ulceration except on the face; but on the upper lip, and along the left ala of the nose, there was a deep suppuration, with loss of substance, involving to a considerable extent the sub-

cutaneous tissue. The eruption was most copious on the face and scalp, and more copious on the limbs than on the trunk; none on the palms or soles. There was purulent infiltration among the muscles, from the clavicle to the left rib on the right side, the pus surrounding the ribs, and stripping off the periosteum in places, although there was no accumulation under it. There was, however, no necrosis of the bone, or anything to show that the bone or periosteum originated the inflammation. The pleura was not perforated, but the sub-pleural tissue was oedematous and suppurating. In the portion of the axillary vein beneath the pectoral muscles was an old mottled clot, which easily crumbled under the finger, and was softened in the centre, thus forming a complete tube. The clot terminated abruptly, and did not extend into the brachial, or jugular, or superior cava veins. In the upper lobe of the right lung, beneath the pleura, were several small consolidated masses, varying in size from that of a pea to that of a hazel-nut, and softening in the centre. The pleuritic surface over these masses was injected. The lower lobe was intensely congested and oedematous. In the left upper lobe were three or four masses similar to those found in the right lung, and the condition of the lower lobe on this side closely resembled that of the right lower lobe. None of the other viscera presented any morbid change.—*Lancet*, Nov. 30, 1872.

Symptoms of Abdominal Obstruction coming on suddenly; Abdominal Taxis; Recovery.—A man, aged 49, was admitted into the London Hospital, under the care of Mr. Hutchinson, at 7 P.M. on November 29, almost in collapse, with extreme abdominal pain, well characterized sternocostal vomiting, and constipation. Careful examination proved the absence of any kind of hernia, and there was no local swelling or tenderness of abdomen to aid in the formation of an accurate diagnosis. The history was in favour of some sudden displacement or knotting of intestine. At 5 A.M. on the morning of the day before admission, as he was walking hastily across the street, his foot slipped on the curb, and he immediately

felt acute pain in the epigastrum. For about half an hour he took no notice of it, but within an hour of the occurrence he was so bad as to require help from a neighbouring public house, where he had been for some brandy, to his home. In a short time vomiting began, and continued at frequent intervals till relieved by the operation. Mr. Tay had put him under chloroform, injected water into the rectum, vigorously kneaded the abdomen, and, placing the patient's feet uppermost, had him well shaken. It was found that several hand-basinfuls of water could be injected and retained before the kneading was begun, and his abdomen was visibly distended by the fluid, proving that there was no obstruction in the large intestines. Relief speedily followed these measures, and two hours later, when Mr. Hutchinson and Mr. Tay both saw him, the patient expressed himself as almost well and quite free from pain, so that there was no longer any need to entertain the question of an exploratory abdominal section. He only vomited once after the operation. The enema was soon returned, and next day he had a free fecal evacuation. To-day (December 2) he is nearly well.—*Med. Times and Gaz.*, Dec. 14, 1872.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Testimonial to Dr. Druitt.—Our readers, we are sure, will regret to learn that Dr. Druitt, the author of the favourite text-book on Surgery, who has devoted his life to the service of the public and the profession, has been obliged by failing health to abandon practice and seek repose in a warmer climate. The leading members of the profession in London have organized a committee to raise funds for a testimonial in recognition of his labours, and they call upon their brethren in America to aid in the good work.

Dr. Druitt's "Principles and Practice of Modern Surgery" has been the means of instruction to so many of our professional men during the last thirty years that we cannot doubt that this appeal will be liberally responded to. Subscrip-

tions will be received and transmitted if addressed to Dr. George C. Shattuck, No. 6 Newbury St., Boston; John H. Swift, Esq., No. 56 W. 21st St., New York; or to Henry C. Lea, Nos. 706 and 708 Sansom St., Philadelphia.

Poisoning by Strychnia, successfully treated with Hydrate of Chloral. By S. S. TURNER, M.D., of Grand River, Dakota.

At noon, April 28, 1872, I was called to see L., wt. 40, who was reported to have been poisoned with strychnia, by wife—cause, jealousy. I found strychnia on the premises, and learned that during the forenoon—time unknown—the wife brought her husband a lunch of bread and broiled pork; that the husband, noticing a bitter and unusual taste about the pork, ate only one mouthful, and threw the remainder into the fire, which left me no means of estimating the quantity of the drug swallowed.

All the usual symptoms ascribed to poisoning by strychnia were present, and well marked. Gave chloral gr. **xxx**. In about thirty minutes there was marked abatement in the severity of the convulsions, and improvement in vision. In thirty minutes more a violent convolution ensued, and fifteen grains of chloral were given with the effect, in a short time, of inducing freedom from convulsions, which lasted. Half an hour afterwards convolution again returning, I gave chloral gr. **xxx**. Relief followed quickly, and the patient remained tranquil for three hours, when, slight spasm recurring, another dose, gr. **xxx**, of the drug was administered.

No further convolution occurred. The patient slept all night, and on the following day complained only of extreme muscular soreness, which was mitigated by chloral hydrate in reduced quantity.

Though I had frequently employed chloral for the relief of pain and insomnia, with satisfactory result, I was not prepared for the rapidity with which the drug manifested its influence over clonic spasm in the case under consideration.

On the Art of Depilating.—Dr. M. H. HENRY states (*Am. Practitioner*, Feb.

1873) that "experience has forced me to believe that the failures so often attributed to the depilating process have been due to a great extent to the want of skill on the part of the operator, and a reasonable knowledge of the main features of the art which are essential to the successful performance of any delicate surgical operation.

"As a preparatory step, and before commencing depilation, the hairs are cut, not leaving them longer than a quarter of an inch above the skin. I am then in the habit of rubbing, very gently indeed, a little oil of cade and olive oil, or the latter alone, over the diseased hairs. This serves the double purpose of destroying the fungi lodged in and about the hair-surface by acting as a parasiticide; it lessens at the same time the sensibility of the scalp and softens the hair bulbs, and in this way facilitates the removal of the diseased hairs,

"In depilating the diseased surface should be stretched between the first finger and thumb of the left hand, and the forceps held in the right hand in about the same manner as pursued in using the pen. If conducted in this way, little fatigue will be felt in the course of the ordinary sittings. Keep the forceps perfectly clean; do not permit any *débris* to collect round the blades. Be careful to extract the hair in the direction of its growth, thus avoiding the chance of its breaking off, leaving the fungus beneath the skin to again act as a source of evil. Never attempt to extract more than five or six hairs at one time."

Charleston Medical Journal.—We are happy to learn of the revival of this valued periodical, under the editorial supervision of Drs. F. Peyre Porcher and R. A. Kinloch. The first number is announced to appear on the first of April, and quarterly thereafter. Its list of distinguished collaborators gives promise that the journal will sustain the reputation attached to its name.

Northern Wisconsin Hospital for the Insane.—This institution, located at Oshkosh, has been so fortunate as to secure

the services as superintendent of Dr. Walter Kempster, late second assistant physician of the New York State Lunatic Asylum at Utica.

OBITUARY RECORD.—Died at New Orleans, on the 6th of December, 1872, in the 66th year of his age, WARREN STONE, M.D., a distinguished surgeon of Louisiana.

— at Ogdensburg, N. Y., February 1, 1873, aged 71, Hon. SOCRATES NORTON SHERMAN, M.D., an eminent physician and citizen of Ogdensburg, and formerly representative in Congress of that district.

FOREIGN INTELLIGENCE.

Fibro-cystic Uterine Tumours.—At a late meeting of the Academy of Medicine at Paris, M. DEMARQUAY discussed the advisability of gastrotomy in cases of fibro-cystic tumours of the uterus. In twenty operations he had had eight cures and twelve deaths; the mortality being greater than that caused by ablation of ovarian cysts. The cause of death in these cases was almost always due to hemorrhage, peritonitis, phlebitis, etc. He went on to say that until 1862 the majority of operations of this kind were performed in consequence of errors of diagnosis; surgeons, believing they had to operate on ovarian cysts, unexpectedly found fibro-cystic tumours of the uterus, which the science of diagnosis had not then enabled them clearly to distinguish. Since 1862, surgeons, aware of this cause of error, have practised partial or total ablation of the uterus. An incomplete table of the results of this operation, since 1866, includes forty-two cases of partial uterotomy, of which thirty-three died and nine were cured. The cause of death was generally hemorrhage and peritonitis. Lately, more fortunate results of this operation have been published by Spencer Wells, Koeberlé, and Péan. In spite of these successes, M. Boinet rejects the operation and doubts the results obtained, and in this opinion M. Demarquay agrees. In fact, fibro-cystic tumours of the uterus can remain long stationary, ending even by becoming

atrophied; in one word, they are compatible with life, which cannot be said for ovarian cysts. It is exceptional to see tumours develop to such a size as to endanger life. The ablation of an uterine tumour, whatever its size, is always a serious undertaking, unless there be a long and narrow pedicle. Even in the case where the life of the patient is menaced, M. Demarquay agrees with M. Boinet in rejecting the operation, for the following reasons: 1. The uncertainty of being able to conclude the operation; 2. The chances of fatal hemorrhage; 3. The length of the operation; 4. The serious consequences which ensue—nervous shock, consecutive peritonitis, secondary hemorrhage, and death. Those cases of success obtained by various surgeons, amongst others by Koeberlé, Péan, etc., prove nothing. Conscientious statistics should be kept of a certain number of well-attested facts.—*Brit. Med. Journ.*, Jan. 4, 1873.

Four Cases of Constitutional Syphilis cured by Hypodermic Injections of Calomel.—Dr. ULISSE BONADEI reports (*Giornale Italiano delle Malattie Venerarie e della Pelle*, Dec. 1872) four cases treated in the Maggiore Hospital of Cremona, and which presented unmistakable and more or less grave symptoms of constitutional syphilis. The results obtained by means of the hypodermic use of calomel were very brilliant and rapid, and it is stated that sixteen months after the cure no recurrence of the syphilitic manifestations had supervened.

In the same number of the journal three similar cases as above are recorded by Dr. Sante Pico. They were observed in the Civil Dispensary at Mantua, and were as successful as the preceding four.—*The Lancet*, Jan. 18, 1873.

Nitric Acid in the Treatment of Hooping-cough.—Mr. BERRY states (*Med. Times and Gaz.*, Feb. 8, 1873), that he has found dilute nitric acid, in doses of from five to fifteen minimi—according to age—with simple syrup, given every three or four hours, to alleviate the cough and spasm, and apparently cut short the disease. In

all cases, at the same time, Mr. B. has paid attention to the state of the digestive organs, and in such cases as required it he gave an aperient combined with a laxative.

Cleansing of Wounds.—Mr. CALLENDER brought before the notice of the Clinical Society of London the arrangement adopted in his wards at St. Bartholomew's for the use of camel-hair brushes for the cleansing of wounds. He pointed out the importance of gentleness in their dressing, and stated that, by using the brushes, the cleansing of a wound was no longer in any instance a painful process. The chief object, however, of the plan recommended, was to do away with the employment of sponges and other materials commonly used for cleansing wounds, and which some surgeons believe to be a frequent cause of the passage of infectious material from one patient to another. During nearly two years, of 148 patients operated on, excluding hernia operations, in the wards, only four had died.—*Lancet*, Jan. 25, 1873.

Treatment of Chilblains.—F. RHEN recommends an aqueous solution of iodine and tannin as a remedy for chilblains. He says that the result exceeded his expectations—five applications of the remedy being successful. The application has also been tried by others, with good results when properly applied. The solution is made as follows: About an ounce of tannin is dissolved in half a pint of water; seventy-four grains of iodine are dissolved in an ounce and three-fourths of spirit of wine; the two solutions are then mixed, and enough water is added to make up the whole to two and a half pints. The remedy is applied once daily, the best time being before going to bed. The mixture is gently warmed over a very slow fire; the affected part (*e. g.*, the hand) is dipped in it while still cold, and held there until the liquid, on being stirred, feels uncomfortably hot. The vessel is then removed from the fire, and the hand is dried over it, without gloves. The vessel used must be of earthenware or porcelain, not of metal. Care should be taken not to use

too great a quantity of iodine, especially when abrasions are present. According to Rhien, four or five applications are sufficient.—*Brit. Med. Journ.*, Feb. 8, 1873.

New Method of Treating Intermittent Fevers.—Dr. DÉDAT, of Paris, advocates the use of subcutaneous injections of carbolic acid for the treatment of intermittent fevers. The injections are made under the skin of the chest, abdomen, or internal part of the thighs, with a small syringe. The strength of the solution is one part of the acid to one hundred of water. Four injections are made the first day, three the second, and two the third. The first operation, according to Dr. Dédat, always abates the fever, and often cures it definitively. The other two are merely a matter of precaution.—*Lancet*, Jan. 11, 1873.

A New Antiperiodic.—M. DORAN has stated in a note to the Academy of Sciences of Paris (*Comptes Rendus*), that he has never known the *laurus nobilis* to fail in quotidian or tertian intermitents. Cases yielded to it that were fruitlessly treated by quinia. He has no doubt that in quartan ague it would be equally efficient.—*The Doctor*, Dec. 1872.

Coffee and Sulphate of Quinia.—M. BRIQUET considers the common practice of administering quinia in coffee open to much objection. He alleges that the tannin in the coffee coalesces with the quinia, forming a tasteless and insoluble and almost inert salt—the tannate of quinia, from which the stomach has as much difficulty in extracting quinia as from powdered bark. It is, he thinks, one of the worst preparations of quinia.—*Brit. Med. Journ.*, Feb. 8, 1873.

Anodyne Colloid.—Dr. M. H. LACKERSTEEN gives (*Brit. Med. Journ.*, Dec. 21, 1872) the following formula for a topical anodyne colloid which he has found useful in neuralgia, sciatica, lumbago, all muscular pains, etc. It relieves local pain for the time, and procures a good night's rest. R.—Hydride of amyl, $\frac{5}{3}$; aconi-

tia, gr. j.; veratrin, gr. vj; ethereal collodion to 5ij. The amyl, by its rapid volatilization, often produces, almost instantaneously, the desired result; but, should the pain continue, the alkaloids can be brought into activity by applying a piece of moist spongio-piline over the collodion film. The amyl hydrate is the only new ingredient; but I think the colloid is a clean and elegant preparation.

Therapeutic Value of Silicate of Soda.—MM. PAPILLON and RABUTEAU recently communicated to the Academy of Sciences at Paris, a report of their interesting researches on the action of silicate of soda. The therapeutical effects of this salt are especially worthy of notice. They have recently been tested by some of the hospital surgeons here, particularly Dr. Marc Sée and Dr. Dubreuil, and the results have been very remarkable. Silicate of soda is said by them to be highly efficacious in catarrh of the bladder, where the urine tends to undergo ammoniacal fermentation, in venereal runnings, in specific ulcerations, etc. It acts in dissolving and destroying organic corpuscles, the globules of pus, and all the microscopical parasites which produce corruption. It also seems to exert a certain action on the tissues. In their communication to the Academy the authors draw the attention of the profession to various other therapeutical properties of the salt, but they add that as yet they are not able to assert the perfect harmlessness of silicate of soda taken internally.—*Lancet*, Dec. 21, 1872.

The Treatment of Prurigo and Pruritus by Carbolic Acid.—Dr. ROTHMUND (*Ärztl. Intelligenzblatt*, 89, 1872) states that the internal administration of carbolic acid in pruritus excels every other method. He has tried also the hypodermic injection of it with marked success, there being no local irritation produced as one would expect beforehand. Solutions of pure carbolic acid seem to be more efficacious than those of carbolate of soda.—*The (London) Medical Record*, Jan. 22, 1872.

Volatile Oil of Celery in Amenorrhœa.—Dr. GAMBERINI, in the *Revue de Thérap. Med.-Chir.*, speaks highly of the volatile oil of celery in amenorrhœa, and cites three cases in which the effect of the oil was remarkably good.—*Lancet*, Feb. 1.

Treatment of Cholera by Chloral.—In an article in the *Allgemeine Medic. Central Zeitung*, Dr. BLUMENTHAL states that he and two of his colleagues treated eight cholera patients in the Riga Hospital with hydrate of chloral. With the exception of two, all recovered. In one of the fatal cases, the patient was moribund when the chloral was given; the other death occurred in a pregnant woman aged 35. The most obvious effect of the chloral in the cases that recovered was early arrest of the vomiting and diarrhoea.—*British Med. Journ.*, Jan. 11, 1873.

Acid Smell of the Breath in Diabetic Patients.—M. DUNOUÉ, of Pau, has observed a peculiar acid smell of the breath in four patients affected with diabetes. The symptom may be of use in certain cases where the existence of diabetes had not been previously suspected.—*The Lancet*, Dec. 28, 1872, from *Trans. of the Soc. de Chir. of Paris*.

Rise of Temperature after Thoracentesis.—Dr. LABOULBÈNE has just published, in the *Gazette des Hôpitaux*, eight cases of thoracentesis, in all of which the temperature rose two-tenths or five-tenths of a degree after the operation. Dr. Laboulbène remarks that the rise of temperature is very likely due to the more regular and perfect performance of respiration as the lung corresponding to the pleuritic effusion ceases to be compressed.—*Lancet*, Jan. 11, 1873.

Impediments to Micturition in Children.—At a recent meeting of the Medical Union in Vienna, Dr. ENGLISCH described (*Wiener Med. Wochenschrift*, Nov. 23d, 1872) the following conditions as producing impediment to the flow of urine in children, and illustrated his remarks by preparations. 1. In many cases there is mem-

branous occlusion of the external orifice of the urethra, extending generally some way into the canal. 2. The urethra may be obstructed by broad valves, with the free edge lying towards the bladder. They occur rarely in the penile portion of the urethra; more frequently at the caput gallinaginis. Similar valves are met with at the neck of the bladder and in the ureters. The retention of urine produced by them may be so great as to produce thickening of the bladder, and ultimate dilatation of the ureters and renal pelvis and disease of the kidneys. 3. The orifice of the urethra or the canal itself may be the seat of stricture, the result of inflammation; or may be pressed on by tumours. 4. Cystic and polypous growths are causes of difficult micturition. The former may be the result of retained secretion (affecting Littré's glands in the female, and the sinus pocularis in the male), or new growths. The former always occur in the middle line, at the junction of the bulbous and spongy portions of the urethra. 5. Dr. Engelsch has found polypous growths only at the prostatic portion and the vesical orifice of the urethra. 6. Hyperplasia of the prostate is a very common cause of difficult micturition; it is no doubt congenital. 7. Difficulty of micturition may also be produced by other causes acting externally to the urethra. Thus ascites may give rise to inflammation of the cellular tissue of the pelvis, and to periurethritis.—*Brit. Med. Journ.*, Dec. 28, 1872.

Remenstruation by the Breasts at advanced age.—Dr. TUFFFARD relates (*Union Méd.*, Nov. 30) the case of a lady, aged 56, in whom menstruation had ceased at the age of 50 without any disturbance of the health ensuing. Four years since she had a superficial ulceration of the os uteri, which soon yielded to treatment. In November, 1871, the breasts became large and firm, with projecting nipples, whence a fluid—at first serous, and then of a bloody colour—was discharged. This discharge continued for about eight days, when it gradually ceased, to reappear again in a month, accompanied with cephalgia, loss of appetite, and swell-

ing of the breasts. Down to the present time it has continued to reappear every month with almost an exact regularity, the patient being aware of its approach almost as surely as a young woman is of that of her menses. During the intervals the breasts become again flaccid. There is no uterine disease, and in other respects her health is quite good.—*Med. Times and Gaz.*, Dec. 14, 1872.

Fatty Liver in Females during Lactation.—In a recent communication to the Paris Academy of Sciences, M. DE SINETTI stated that in the females of all animals the liver constantly presents, during the period of lactation, a characteristic fatty condition. Contrary to what habitually takes place in fatty liver, the adipose substance spreads from the centre to the periphery, instead of from the surface to the centre. These results have been observed in wild and domestic animals, and also in women.—*Lancet*, Jan. 11, 1873.

Muscular Anomalies.—ALEX. MACALISTER has compiled a descriptive Catalogue of Muscular Anomalies in Human Anatomy (*Trans. Royal Irish Acad.*, vol. xxv.), which will prove of great value to all students of this branch of anatomy. He has made a careful search through the extensive literature of the subject, has classified the variations which have been described, and has incorporated with them a number of examples that have come under his own observation.

The Transfusion of Blood.—The Transfusion Committee recently appointed by the Obstetrical Society of London, has adopted the following programme of its aims and objects. 1. To collect evidence from gentlemen who have had experience in cases of transfusion. 2. To obtain the particulars of all recorded cases (performed on the human subject), with the view of finding out, as far as possible, to what extent the so-called successful cases were due to transfusion. 3. To examine the various kinds of instruments used in both the *mediate* and *immediate* forms of the operation. 4. If considered necessary, to

institute further experiments for the purpose of determining how far transfusion may be relied upon as a means of saving life, and also the best mode of performing the operation. The Committee will be happy to receive communications on this subject, which should be addressed to the Honorary Secretary, Dr. Madge, at the Society's Library, 291 Regent Street, W. In so useful a labour, it is desirable that the Committee should be supported by all who are able to afford information on the subject.—*Brit. Med. Journ.*, Feb. 8, 1873.

The Medical Societies of London.—The following gentlemen have been elected to the office of President of the several Medical Societies of London: The Royal Medical and Chirurgical Society, Dr. C. J. B. Williams; the Pathological Society, Sir William Jenner; the Obstetrical Society, Dr. Edward John Tilt; the Harveyian Society, Dr. T. Ballard; the Clinical Society, Prescott G. Hewett; Medical Microscopical Society, Mr. Jabez Hogg.

Dictionary of Medicine.—Messrs. ROBIN and LITTRÉ have submitted to the Academy of Sciences the new edition of their *Dictionary of Medicine*. It is said to be especially rich in its etymology and definition of medico-scientific terms.

Library of M. Daremberg.—This valuable library, it is said, is to be purchased by the French Government and given to the Academy of Medicine.

Relapsing Fever has appeared again in London, and is on the increase.

Cholera is epidemic in Hungary. 914 cases have been reported, of which 367 were fatal, 386 cured, and 161 under treatment.

The Epizootic.—The horse distemper has appeared in the Isle of Man, and is reported to be spreading through the island.

OBITUARY RECORD.—Died of apoplexy, at Worcester, on the 22d of December, HENRY DOUGLAS CARDEN, Consulting Sur-

geon to the Worcester Infirmary. Mr. Carden is known to the profession as the introducer of amputation by the "single flap" method (*British Med. Journal*, April 16, 1864); an operation which has found a permanent place in the practice and literature of surgery. He enjoyed the reputation of being a skilful and masterly operator.

— at Amiens, his native place, Jan. 10, 1873, from the effects of cerebral hemorrhage, M. DUBOIS (d'Amiens), perpetual Secretary of the Academy of Medicine, the duties of which he has been unable to perform since his attack three years since.

— at Paris, Jan. 13, 1873, aged 68, from cancer of the upper jaw, M. HUGUER, an eminent obstetrician, and formerly surgeon to the Hôpital Beaujon.

— at London, on February 3, in his 61st year, ISAAC BAKER BROWN, well known as the author of a work "On Surgical Diseases of Women;" his labours in behalf of ovariotomy and for the cure of ruptured perineum, of prolapsus uteri, and of vesico-vaginal fistula, established his reputation as an operative surgeon. In 1855 he was elected President of the Medical Society of London, and in the succeeding year published his work on the Curability of Some Forms of Insanity, Epilepsy, and Hysteria. He believed that epilepsy and other cognate disorders of the nervous system were caused by unnatural irritation of the clitoris, and that excision of that organ would arrest the disease. He removed the clitoris in a number of cases, the results were not satisfactory, and the operation was condemned by the profession. He was so convinced, however, of the correctness of his views and practice, that he published the above-mentioned work, which resulted in his arraignment before the Obstetrical Society of London for unprofessional conduct, and to his expulsion. After the verdict of the Society his practice, which was previously large and lucrative, rapidly diminished. He made several endeavours to retrieve his fortunes, but successive attacks of paralysis shattered his health, and for the last year he has been utterly helpless.

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"LONDON, Oct. 1872."

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as its predecessors to occupy such a place in any Surgeon's library.—*Dublin Medical Press and Circular*, Nov. 13, 1872.

These are only a few of the points in which the present edition of Mr. Erichsen's work surpasses its predecessors. Throughout there is evidence of a laborious care and solicitude in seizing the passing knowledge of the day, which reflects the greatest credit on the author, and much enhances the value of his work. We can only admire the industry which has enabled Mr. Erichsen thus to succeed, amid the distractions of active practice, in producing emphatically this book of reference and study for British practitioners of surgery.—*London Lancet*, Oct. 26, 1872.

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